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TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations HT'S Pub 44 Group LLC **SUBJECT:** (Name of Limited Liability Company The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: NORMAN W. BARCLAY (Firm/Company) **NORMAN W BARCLAY** Glenwore PA 19343 776 NANTMEAL RD. GLENMOORE, PA 19343 For further information concerning this matter, please call: NORMAN W. BARCLAY

(Name of Contact Person)

(Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	nited liability company a			s of the Florid	a Depa	rtment
	ent/registration number	assigned to	this limited lia	ıbility compan	y is:	
3. The date this meml	ber/manager withdrew/re	esigned or w	ill withdraw/r	esign is: 8	-12-	2015
4. I, NORMAN	W. BARCLAY ne of Person Resigning)	, here	by withdraw/	resign as a		
MEMB	ER					
(Pr	rint Title)					
of this limited liabil resignation in writing	ity company and affirm one. W. W		iability compa	iny has been no	otified	of my
Signature of Dissociating Member or Resigning Manager		iger	<u>()</u> La An	,		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				AUG 20 PN 3: 4	M C D